



# California Medical Waste Management Program

## TRAUMA SCENE AND MEDICAL WASTE

### TRANSPORTER IDENTIFICATION/FACILITY UTILIZATION

Mail to:  
 Department of Health Services  
 Medical Waste Management Program  
 MS 7405  
 P.O. Box 997413  
 Sacramento, CA 95899-7413

Trauma scene practitioner number (for renewals)		Hazardous waste hauler registration number			
Owner's name		Operator's name			
Company name		Mailing address	City	State	ZIP code
Telephone number (       )	FAX number (       )	Contact person			

✓ **Important:** A copy of the service agreement with the off-site treatment facility is REQUIRED. For trauma scene waste practitioner renewals, also include recent proof of disposal.

Year	Make	Model	Vehicle ID Number	License Number	Vehicle Type (truck, van, tractor only, trailer only)

✓ Provide information on the medical waste transfer station and/or treatment facility used.

Facility Utilized	Facility Address (City/State/ZIP code)	Off-Site Treatment	Transfer Station
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**For medical waste transporters:** Annually provide the Department with a list of all medical waste generators serviced during the previous 12 months and updated vehicle information (HSC, Section 118029). Also, pursuant to HSC, Section 118040, provide a copy of the medical waste tracking document utilized. Attach additional sheets when necessary to complete your response.